

COMMON OF PUERTO RICO  
Substitute Attachment 4.18-B  
MONTHLY CHARGES TO MEDICALLY NEEDY PATIENTS  
(PROPOSED)

Family Size	Public Assistance (1) Eligibility Level	GROSS ANNUAL FAMILY INCOME			
		Premium	Gross Income	Premium	Gross Income
1	0- \$700	0	\$701 - \$1,800	\$1.00	\$1,801-\$2,500
2	0- \$1,000	0	1001- 1,800	1.00	1,801-3,200
3	0- \$1,400	0	1401- 3,600	1.00	3,601-3,800
4	0- \$1,600	0	1601- 3,600	1.00	3,601-4,400
5	0- \$1,900	0	1901- 4,200	1.00	4,201-5,000
6	0- \$2,200	0	2,201- 4,200	1.00	4,201-5,600
7	0- \$2,500	0	2,501- 4,200	1.00	4,201-6,200
8 or 9	0- \$3,000	0	3,001- 4,400	1.00	4,401-6,800
10+	0- \$3,700	0	3,701- 5,500	1.00	5,501-8,000*

\* Or maximum Eligibility level as per eligibility table.

(1) Rounded upward to nearest 100th.

Note: Premium could be paid annually or on monthly installments.

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State Commonwealth of Puerto Rico

Effect on recipient of non-payment of enrollment fee, premium or similar charge:

☒ Non-payment does not affect eligibility

☐ Effect is as described below:

DR

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4/1/74